

Cost Breakdown Form

for Actual Cost Plus Fixed Fee (CPFF) Agreements

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Company Name:					
Control No.:			Project No.:		
Project Location:					
Agreement No.:		Expire Date:			
Invoice No.:		Invoice Date:			
% Work Completed:					
Current Billing Period:		thru			
Agreement No:		Max Actual costs	Max Fixed Fee (Profit)	Total Contract Amount	
Agreement amount thru supplement #					\$0.00
				Amount	
			This Period	Previously Billed	To Date
Direct Labor					
Overhead @	of direct labor				
Fixed Fee @	of labor+overhea	ıd			
FCCM @	of direct labor				
Direct Costs (Non-Labor)					
Outside Services (Subconsultants):					
<u>Name</u>	Max Amount				
Adjustments:					
fixed fee for profit					
Other:					
Total Amount DUE >>					
By submitting this form electronically to State, Consultant certifies submitted costs are actual and allowed by contract.			Total Agreement Amount Remaining: Total Fixed Fee Remaining:		
Signature (typed or signed name required): Title:				<u>Date:</u>	
Consultant's email contact for invoice-related questions:					

DR Form 162, March 2016